



General Enquiries: admin@almacambridge.org.za
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Tel: 011 660-7567
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FINANCIAL CLEARANCE CERTIFICATE

Name of Learner: _____
Name of Accountholder: _____
Id No: _____
Name of Current School: _____
Telephone Number: _____
Annual fees for 2017 R _____
Fees paid to date R _____
Fees outstanding R _____

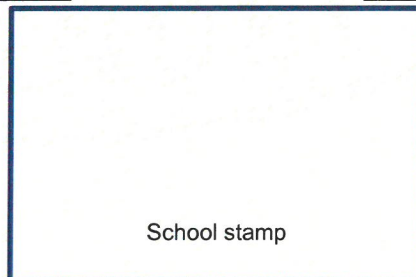
Please attach a copy of the statement for the previous year and current year.

Thank you for your assistance.

This is to certify that the above person has paid the school fees as indicated.

Signature of Head/Bursar

Date



School stamp